

Violence & Trauma: Impact of Child Development, Behavior and Learning Part 1 & Part 2

I. Introduction

- A. Presenter-Beverly Kyer, MSW,ACSW
- B. Time-1.0 Hour
- C. <http://www.qpiflorida.org/justintime/pages/topicindex.html>

II. Objectives

- A. Understand some causes and manifestations of traumatic stress and its role in the child's development, emotions, behaviors and learning challenges
- B. Recognize and effectively respond to fear and stress driven childhood behaviors.
- C. Draw on key reflective insights and effective strategies for working with traumatized children
- D. Help create and maintain a regulating and healing environment for your clients and yourself

III. Presentation

- A. Beginning with conception, the neurophysiological system of the fetus is modulated first by the mother, and following birth, the significant parental figures.
- B. The maintenance of this system within a regulated environment leads to the effective ability of the developing child to self-regulate his/her own emotional states.
 - 1. This has lifelong implications
 - 2. Do they realize they have an impulse to hurt other people
- C. Regulation-the ability to experience and maintain stress within one's window of tolerance. Generally referred to as being calm, focused, or relaxed..
- D. Dysregulation-the experience of stress outside the window of tolerance. Generally referred to as being stressed out, in a state of distress (Thought to be a fundamental mechanism involved in all psychiatric disorders)
- E. Critical Brain Systems
 - 1. Amygdala
 - b. First responder
 - c. Slap out of nowhere
 - d. Child scans in anticipation all the time for a bad thing to happen-alerts them
 - e. Goes to worst case scenario all the time because of experience
 - f. Communicates stress to Hippocampus
 - 2. Hippocampus
 - a. When it gets communication or stress hormone should be able to modulate or slow up
 - b. Gets to a more normal state
 - c. But in heightened state and persistent and chronic condition can't slow down and gets overwhelmed.
 - d. Primary functions include (1) critical thinking, (2) rational thought, (3) problem solving, and (4) short term memory
 - e. When overwhelmed comes over to the Orbitofrontal cortex and is purely reactive.

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Part 1 & Part 2

3. Orbitofrontal Cortex
 - a. Purely reactive and motivating which is undesirable
 - b. If can modulate what comes is more thoughtful reflective responses
 - c. Chemical that goes to neural circuitry which are call gut reactions (feel in stomach)
4. Neural Circuitry
 - a. Butterflies, nausea, causes discomfort
 - b. Reactive
 - c. Before it happens what sensation
 - d. Trigger-someone in proximity may react with hitting
- F. Early Disruption
 1. Under normal conditions, early mother-infant interactions facilitate the development of self-regulatory structures in the regions of the brain's right hemisphere
 2. But when trauma an enduring right-brain dysfunction can develop, creating a vulnerability to PTSD and a predisposition to violence in adulthood.
 3. Horrible things happen and repress horrible content. Keep on moving but threat or memory of it is always there. Anything in the 5 senses validates it and brings it up (PTSD)
- G. The three A's
 1. Attachment (what every child needs)
 2. Attunement-being aware of where the child is at any point both emotionally and physically (upset)
 3. Affection
- H. The assumptions of safety
 1. I can depend on people; they are nice
 2. My body belongs to me
 3. If someone touches me, it is for care and comfort
 4. My community is powerful and safe for me
 5. My caretakers are attuned to my needs
- I. Violence begins to erode all assumptions (we believed they would always be there)
- J. What is trauma? It is a stressful event which is:
 1. Prolonged
 2. Overwhelming
 3. Unpredictable
 4. Such events continue on...
 5. Unexpressed
 6. Unprocessed
 7. Misunderstood

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Part 1 & Part 2

K. Acute Traumatic Events include:

1. Sexual and physical
2. Medical trauma
3. School shootings
4. Police shootings
5. Bullying
6. Serious accidents (car)
7. Deliberate coffee spill
8. Street violence
9. Violent death of a relative or friend
10. Home invasion
11. Loss of home in fire
12. Terrorist attacks
13. Immigration issues
14. Natural disasters

L. Chronic Traumatic Situations include:

1. Environmental factors
2. In utero experience
3. Homeless victims
4. Ongoing sexual abuse
5. Domestic violence
6. Living in drug galleries
7. Living in gang war zones
8. School campus violence
9. Police shootings
10. Developmental factors
11. Regulatory difficulties
12. Developmental discrepancies
13. Threat preoccupation
14. Trauma imagery
15. Maturity
16. Limited social capital
17. PTSD

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- M. Common Stress and fear driven behaviors/symptoms
 - 1. Sleep terrors
 - 2. Oppositional to request
 - 3. Passivity
 - 4. Regressed development
 - 5. Hitting others
 - 6. Verbally abusing others
 - 7. Stealing and lying
 - 8. Eating problems
 - 9. Aggression disorder
 - 10. Hurting self and others
 - 11. Unable to sit still
 - 12. Hyper-alertness
 - 13. Hiding from adults
 - 14. Controlling/clinging
 - 15. Flat affect/withdrawing
 - 16. Extreme fearfulness
 - 17. Poor social skills
 - 18. Learning difficulties
 - 19. Chronic inflexibility
 - 20. Despair
- N. It is estimated that 90% of children labeled as difficult in the classroom have experienced some degree of trauma
- O. Spectrum of dysregulation
 - 1. Mid-temper tantrums, whining, clinginess, withdrawal, resistance, poor concentration
 - 2. Moderate-anger, depression, isolation, poor eye contact, crying, learning difficulties
 - 3. Severe-meanness, hurting others, self-destructiveness, fire-setting, manipulative, lack of friendships, explosiveness, learning disorders
- P. Trauma and memory-trauma is buried at the state level which directs all other responses (Understand what is under the surface)
- Q. Behavioral responses to chronic dysregulation
 - 1. ODD
 - 2. Bi-polar
 - 3. Depression
 - 4. Anxiety
 - 5. RAD
 - 6. ADHD
 - 7. ADD
 - 8. PTSD
 - 9. Conduct Disorder
 - 10. Disassociation

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- R. How does recovery begin
 - 1. We must take into consideration the ways in which the child's life has been changed by what happened.
 - 2. (Ex.-dealing with violence related to grief and loss will make recovery more difficult.)
- S. Key treatment targets
 - 1. Safety and competence
 - 2. The traumatic imprint and re-enactments
 - 3. Integration and mastery
- T. Home and Community
 - 1. Understand where the child lives; what are the norms and what is the cost of trying to move on and/or be a unique individual
 - 2. Respect the group norms and challenges
 - 3. Help the child face their fear t some level
 - 4. Combine coping (cognitive appraisal) and relaxation (mental imagery) techniques to facilitate desensitization.
- U. The healing process
 - 1. Develop the helper values of authenticity, genuineness, caring, respect and compassion
 - 2. Become an active listener to encourage the child to share his/her concerns, fears, feelings.
 - 3. The most powerful tools to help children open up and express themselves:
 - a. Various forms of the fine arts
 - b. Dramatic arts such as music and dance
 - c. Remembering through narrative/poetry/writing
 - 4. Supporting changes in the way one looks at oneself, at others, and the world (Lend insight)
 - 5. Using the supportive relationship to systematically shape and make more acceptable behaviors and extinguish anti-social or self-defeating ones.
 - 6. Making sure the youth has opportunities to practice these new skills with sufficient positive reinforcement.
- V. Observe their passions
 - 1. Point to future goals around the passion
 - 2. Encourage/invest time in the passion
 - 3. Continue to set new goals with them
 - 4. Be very discriminatory about TV viewing
 - 5. Teach children meditation to calm self
 - 6. Help them to recognize love as a powerful inner resource>>>>>Peace